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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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FILED OCT 1 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34605

STATE FILE NUMBER

Registration District No. 356 Primary Registration District No. 6206 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JACKSON TWP</u>		c. CITY OR TOWN <u>JACKSON TWP</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <u>3 1/4 MI. NE RAYMONDVILLE</u>		d. STREET ADDRESS (If outside, give location) <u>70</u>	
3. NAME OF DECEASED (Type or print) First <u>RAY</u> Middle <u>Herschel</u> Last <u>Morgan</u>		4. DATE OF DEATH Month <u>9</u> Day <u>21</u> Year <u>57</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>6-1-31</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM laborer</u>		9b. AGE (In years last birthday) <u>26</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Raymondville, Mo</u>	
11. BIRTHPLACE (City and state or country) <u>Raymondville, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>JACK Morgan</u>		14. MOTHER'S MAIDEN NAME <u>Annie Brooden</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT <u>JACK Morgan - RAYMONDVILLE Mo</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>skull fracture + neck fracture instant</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>struck by car while walking</u> DUE TO (c) <u>on Highway 63</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>8124</u>		INTERVAL BETWEEN ONSET AND DEATH <u>25</u>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>struck by car while walking on Highway 63</u>	
20c. TIME OF INJURY Hour <u>7:40</u> p.m. Month, Day, Year <u>9-21-57</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>3 mile NE Raymondville, Mo.</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Jackson Twp, Texas, Mo.</u>	
21. I attended the deceased from Death occurred at <u>7:40</u> on <u>9-21-57</u> to <u>9-21-57</u> and last saw her alive on <u>9-21-57</u>		21. I attended the deceased from Death occurred at <u>7:40</u> on <u>9-21-57</u> to <u>9-21-57</u> and last saw her alive on <u>9-21-57</u>	
22a. SIGNATURE (Degree or title) <u>James Hentz (Coroner)</u>		22b. ADDRESS <u>Calool, Mo.</u>	
22c. DATE SIGNED <u>9-23-57</u>		22d. DATE SIGNED <u>9-23-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-25-57</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>ANTIOCK</u>		23d. LOCATION (City, town, or county) (State) <u>Texas County, Missouri</u>	
24. FUNERAL DIRECTOR <u>Elliott Funeral Home - Houston, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>9-23-57</u>	
26. REGISTRAR'S SIGNATURE <u>Myrtie Craig</u>		26. REGISTRAR'S SIGNATURE <u>Myrtie Craig</u>	

(Licensed Embalmer's Statement on Reverse Side)

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Frank E. Wood*

Licensed Embalmer No. *46*

P. O. Address *Houston*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.